## MILITARY DEPARTMENT STATE REQUISITION FORM

TRACKING #: (To be completed		Funding Code (XX)	Month (XX)	Day (XX)	Year (XXXX)	Hour (XX)	Minute (XX)	
by Requestor)		, ,	7	5	2023	16	12	
UPLOAD ALL REQUISITONS TO:				,	J	2023	10	12
OF LUAD ALL REQUISITUNS TO:			Procurement Tracking Form					
Facility & Add	dress for ser	vices or						
commodities to be delivered								
(including Contact on Site name)								
PERSON COMPLETING				PHONE:				
THE REQUISITION:				EMAIL:				
CONTRACT MANAGER:			PHONE:					
			EMAIL:					
FMO#		DEAD	STATEWIDE/CO		1			
MIL PO#	4	D50P			D50B	livery or Con	tunat Ctaut.	
MIL Requisition # D50R		Date Needed for Delivery or Co				tract Start:		
100% STATE			FEDERAL		OTHER WO #			
QTY U/M			DESCRIPTION			Cost per U/M	EST. AMOUNT	
								\$0.00
								\$0.00
								\$0.00
								\$0.00
								\$0.00
								\$0.00
								\$0.00
								\$0.00 \$0.00
<del>                                     </del>								\$0.00
								\$0.00
			Freight Estimate (Zero if not needed)				\$0.00	
			Total (Page 1)  Total (Page 2)				\$0.00	
								\$0.00
			Total				\$0.00	
Agency ST/FY		PCA	AOBJ	AMSCO MDEP		Total of Funding		
		31/1	1 OA AOBO					
State	D50							
Federal	D50							\$0.00
Other	D50							\$0.00
Grant #			GRAND TOTAL of REQUEST				\$0.00	
SUGGESTED	VENDOR					et Approval	Facility/Dept Head Approval	
ADDRESS:			I		NAME:		NAME:	
City/ST/ZIP					TITLE:		TITLE:	
PHONE:							DATE	
EMAIL:					DATE:		DATE:	
CONTACT: MOBILE #:				SIGNATURE:			SIGNATURE:	
FEIN:						::		
FEDERAL FISCAL & PROGRAM STATE				E PROGRAM A	PPROVAL STATE FISCAL APPROVAL			
NAME:	APPROVA	<u>\L</u>	NAME:	NAME:		NAME:		
TITLE:			TITLE:	TITLE:		TITLE:		
DATE:			DATE:	DATE:		DATE:		
SIGNATURE:			SIGNATU	SIGNATURE:		SIGNATURE:		
NOTES AU	<del> </del>							

NOTES: All purchase orders will be for current Fiscal Year funds and will expire on June 30th of the year All service contract requests should be for 3 years or the duration the need will exist